COMP	BINED DECLARATION	FOR PATENT	APPLICATION ANI	POWER OF ATTO	RNEY	ATTORNEY'S DOCKET		
(Include	s Reference to PCT International	Applications)			ACCE I	PU3985US2		
	As below name	ed inventor. I her	eby declare that:					
	My residence, post office address and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, plural names are listed below) of the subject matter which is claimed and for which a patent is sougentitled:					an original, first a patent is sought on	nd joint inventor (if the invention		
	REBATE CALCULATOR							
	the specification of which	th (check only on	e item below):					
	[x]is attached hereto.							
	[]was filed as United S on (if applicable)	States application	Serial No.	on	and was an	nended		
	[] was filed as PCT international application Numberon							
	and was amended u	ınder PCT Article	e 19 on	(if applie	cable).			
desig	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the class amended by any amandment enseificably referred to shows					uding the claims,		
O	I acknowledge the duty t	to disclose inform	nation which is materia	l to patentability as de	fined in Title 37, (Oode of Federal		
1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of I Regulations, §1.56 and all information which became available between the filing of the prior application and the TPCT international filing date of the continuation-in-part application.					n and the national			
Q	I hereby claim foreign p	riority benefits ur	ider Title 35, United S	ates Code. §119 (a)-(c	1) or §365(b) of an	v foreign		
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET N PU3985US2

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) David J. Levy Reg. No. 27,655 James P. Riek Reg. No. 39,009

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Frank P.Grassler Reg. No. 36,094 Christopher P. Rogers Reg. No. 36,344 Lorie Ann Morgan Send Correspondence to: Direct Telephone Calls to: David J. Levy, Patent Counsel

Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

FULL NAME FAMILY NAME

PATENT TRADEMARK OFFICE

Christopher P. Rogers 919-483-1240

SECOND GIVEN NAME (INTELLE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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COME (Includes	SINED DECLA Reference to PCT I	RATION FOI	R PATENT cations)	APPLICATION AND	POWER OF ATTO	DRNEY	ATTORNEY'S DOCKET NUMBER PU3985US2		
	As be	low named inv	entor. I he	reby declare that:			10000002		
	My residence, post office address and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (ir plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	REBATE CALCULATOR								
	the specificatio	n of which (ch	eck only or	ne item below):					
	[x]is attached l	[x]is attached hereto.							
	[]was filed as on (if applicabl	United States e)	application	Serial No.	on	and was an	nended		
	[] was filed as PCT international application Numberon								
	and was amended under PCT Article 19 on(if applicable).								
Ċ	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.								
ű M	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.								
3555.0	country other the patent or invent on which priori	or patent or in an the United or's certificate by is claimed:	ventor's ce States of A or any PC	nder Title 35, United Statificate or 365(a) of any merica listed below and r international application	PCT international ap have also identified b on(s) having a filing d	oplication(s) design below any foreign ate before that of	nating at least one		
PRIOR	FOREIGN/PC	T APPLICAT	ION(S) Al	ND ANY PRIORITY C	LAIMS UNDER 35	U.S.C. 119:			
Sam	COUNTRY PCT indicate PC		APPLICA	TION NUMBER		ION DATEe	PRIORITY CLAIMED		
La pais									
hereby	claim the benefi	t under Title 3	5, United S	tates Code §119(e) of a	y United States prov	isional application	(s) listed below:		
Application No. . 60/196,441			Filing Date (MM/DD/YYYY)			(,)			
. 00/1	190,441				4/11/2000				
pplication Title 37	o(s) in the manner ter	wided by the fly	recognition of	1 §120 of any United States app ar as the subject matter of eac Title 35, United States Code, available between the filing of	n of the claims of this app	lication is not disclose	d in that/those prior		
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U.S	S. APPLICATION N	UMBER	- ALIONA	U.S. FILING DATE	PATENTED PATENTED	PENDING 1	5 U.S.C. 120: ABANDONED		
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PCT APF	PLICATION NO.	PCT FILIN	G DATE	U.S.FILING NUMBERS		-			

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

PH3985HS2

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET No.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact atl business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655 Charles E. Dadswell Reg. No. 35,851 Reg. No. 39,337 Karen L. Prus

James P. Rick Virginia C. Bennett Frank P.Grassler Christopher P. Rogers Reg. No. 39,009 John L. Lemanowicz Reg. No. 37,380 Reg. No. 37,092 Bonnie Deppenbrock Reg. No. 28,209 Reg. No. 31,164 Elizabeth Selby Reg. No. 38,298 Reg. No. 36,344 Lorie Ann Morgan Reg. No. 38,181

Robert H. Brink Send Correspondence to:

> David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

Reg. No. 36,094



PATENT TRADEMARK OFFICE

Direct Telephone Calls to: Christopher P. Rogers 919-483-1240

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BREWER	Sherran	Irene
l	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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1	ADDRESS	Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
201	SIGNATURE			DATE:
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1177	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	MARBURGER	Kimberly KIM	I.
14	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0.7	CITIZENSHIP	Northville	MI	US
21	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2,00	ADDRESS	Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
141		Five Moore Drive, PO Box 13398		
202	SIGNATURE	1/100/		DATE: 3-23-200/ SECOND GIVEN NAME/INITIAL
25	!	* KlManburger	3-23-200/	
2014	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
24	OF INVENTOR	SABATICLLI V	Mark	Α.
1600	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
in.	CITIZENSHIP	Raleigh	NC	US
(7)	POST OFFICE	POST OFFICE ADDRESS	CTTY	STATE & ZIP CODE/COUNTRY
25	ADDRESS	Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
16.2		Five Moore Drive, PO Box 13398		1.02,700
203	SIGNATURE			DATE:
205	DIGITAL			DAIE:
1 2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-	OF INVENTOR	STAFFORD	Randy	SECOND GIVEN INAMERATEDE
0	RESIDENCE &	CTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
١ ،	CITIZENSHIP	Raleigh	NC.	US
١.		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4			Research Triangle Park	
	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
204	SIGNATURE))	DATE:	
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
(OF INVENTOR		1	
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l	CITIZENSHIP			
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